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ABSTRACT

Pursuant to a request from a U.S. Senate committee, this document reviews the implementation of the Drug Free Schools and Communities Act of 1986, whose major purpose was to help schools and communities establish drug abuse education and prevention programs. Information gathering efforts were conducted in large urban school districts within five states--California, Florida, Michigan, Ohio, and Texas--and the District of Columbia. Objectives of the review were to identify how school districts use funds, to examine whether educational programs include education on alcohol abuse, to determine how school districts assess program effectiveness, to obtain students' views on the drug education provided, and to identify state and local program officials' views on the Department of Education's program direction. Results showed that school districts used a wide range of approaches in their Drug-Free School programs, and that they used one-half of their funds for counseling high risk students and the rest mostly for training and program development, but that little is known at the local, state, or national level about how effectively these programs reduce or prevent drug and alcohol abuse among students. Appended are: (1) a summary of the scope and methodology of the review; (2) a description and listing of drug education programs and activities in the six urban school districts; (3) an explanation of drug education program evaluations; (4) a summary of student views on the effectiveness of drug education programs; and (5) a list of major contributors to the report. Tables and figures are included. (TE)

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United States General Accounting Office

GAO

Report to the Chairman, Committee on Governmental Affairs, U.S. Senate

November 1990

DRUG EDUCATION

School-Based Programs Seen as Useful but Impact Unknown

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United States
General Accounting Office
Washington, D.C. 20548

Human Resources Division

B-214215

November 28, 1990

The Honorable John Glenn
Chairman, Committee on Governmental Affairs
United States Senate

Dear Mr. Chairman:

Because of your concern that substance abuse among our nation's youth poses serious dangers to society, you asked us to review implementation of the Drug-Free Schools and Communities Act of 1986. A major purpose of the act was to help schools and communities establish drug abuse education and prevention programs. Specifically, you asked that we

- identify how school districts use funds provided under the act,
- examine the extent to which educational programs include alcohol abuse,
- determine how school districts assess program effectiveness,
- obtain students' views on the drug education provided, and
- identify state and local program officials' views on the Department of Education's program direction.

Our testimony on these issues before your committee in Cleveland on February 13, 1990, was based on preliminary work in Ohio. This report discusses our work in five states (California, Florida, Michigan, Ohio, and Texas) and the District of Columbia. These jurisdictions accounted for $330 million, or 30 percent of the total program funds allocated to states and the District of Columbia since the program's inception in October 1986.

To respond to your request, we obtained information from the state education agencies in the five states. In addition, we contacted each state's largest school district—Los Angeles, Dade County (Miami), Detroit, Cleveland, and Houston—as well as the public school system in Washington, D.C. In these six school districts, we discussed the Drug-Free Schools program with principals, other school personnel, and students at 18 schools. We also obtained information from the Department of Education and reviewed program evaluation and other research literature on "what works" in drug education. (See app. I.)

Results in Brief

School districts are using a wide range of approaches in their Drug-Free Schools programs. But, little is known at the local, state, or national level about what approach works best or how effectively the various

programs and curricula reduce or prevent drug and alcohol abuse among students.

Overall, the six districts we visited used more than 50 percent of the funds for student assistance (primarily counseling) programs geared to high-risk students[1] in junior and senior high school. They used the remaining funds primarily for training teams of school officials to develop drug prevention programs or on classroom curricula and materials. Each district covered alcohol abuse in its drug education programs. Districts often were unable to provide the Drug-Free Schools programs to all schools or all students within a school. The reason, they said, was that not enough teachers had yet been trained to teach drug education courses or new programs yet been fully implemented.

Evaluations of drug education programs generally have lacked needed scientific rigor and as a result, offer little information on what works. But judging from our discussions with students and principals in 18 schools, the message of drug and alcohol dangers is reaching the children. In the opinion of both students and principals, drug and alcohol abuse among school-age children would be worse without the federally funded Drug-Free Schools programs. Overall, state and local program officials were satisfied with the Department of Education's program direction.

Background

The Drug-Free Schools and Communities Act provides federal financial assistance to establish programs for drug abuse education and prevention. Programs funded are to convey the message that the use of illegal drugs and the abuse of other drugs and alcohol are wrong and harmful.

Of the $1.3 billion the Congress has appropriated since passage of the act in 1986, $1.1 billion[2] was distributed to states in the form of grants. These grant funds, which first became available to states in fiscal year 1987, are allotted to each state according to its share of the nation's

[1]Individuals under 21 years of age who are at high risk of becoming, or who have been, drug or alcohol abusers. For example, they may have committed violent or delinquent acts or attempted suicide, or may be the child of a drug or alcohol abuser.

[2]Of this amount, $632 million had been distributed to states through school year 1989-90 and the remaining $459 million will be distributed for use in school year 1990-91.

school-age children.[3] The remaining $231 million provided for grants to the trust territories, grants for teacher training, and various national programs authorized by the act and carried out by the Department of Education.

The law requires each state to allocate its Drug-Free Schools funds among state and local programs. For example, each state must allot, from its base allocation, 30 percent to the governor for discretionary grant programs and 70 percent to the state education agency. In turn, the state education agency must allocate at least 90 percent of its Drug-Free Schools funds to the school districts on the basis of each district's share of enrolled children. Of the remaining funds, states can use a small portion (not in excess of 5 percent) for administrative costs and the balance for discretionary grant programs. Because of the committee's interest in how local school districts use Drug-Free Schools funds, we focused primarily on the funds allocated by state education agencies to school districts.

Before the Drug-Free Schools program was established, the six school districts we reviewed provided drug education through health classes and/or other nonfederally funded drug education programs.[4] Drug-Free Schools funds were used to expand these efforts or start new programs. The programs implemented with federal and other sources of funds at the elementary, junior (or middle), and senior high school level in the six districts are discussed in appendix II.

Most Funds Used for Student Assistance Programs

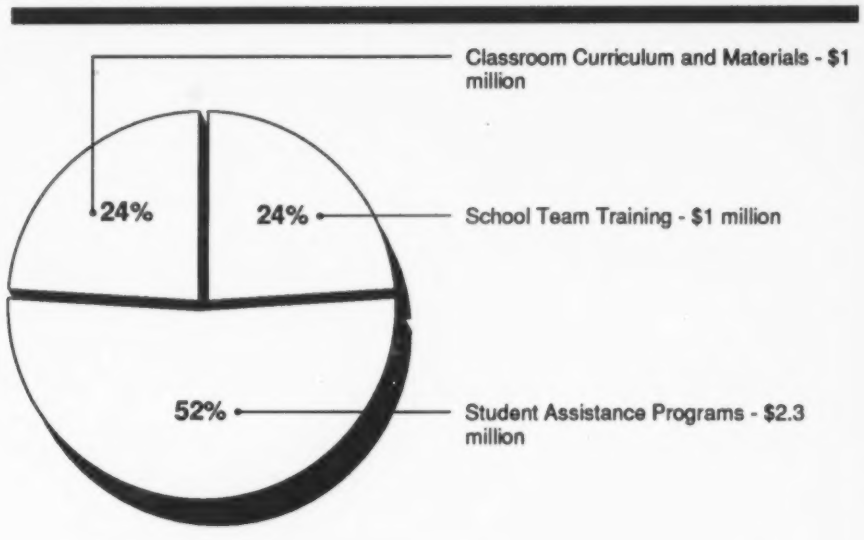
The six districts spent Drug-Free Schools money on three basic drug education approaches—student assistance programs, training programs for school personnel, and curriculum and other classroom materials—or some combination of these. Over half (52 percent) of the Drug-Free Schools funds was spent on student assistance programs, as shown in figure 1.

Expenditures most often took the form of salaries. Overall, the districts reviewed used 80 percent of their Drug-Free Schools funds to pay salaries of school personnel, including program administrators, drug

[3]A portion of any future increase in appropriations over the school year 1989-90 level will be allocated to school districts partially on the basis of the number of school-age children in poverty. This change is intended to give districts with high concentrations of poor children a higher level of funding.

[4]Districts could not identify the amount of nonfederal funds spent on drug education.

Figure 1: Most Drug-Free Schools Funds Used by Districts for Student Assistance Programs (School Year 1988-89)



counselors, and coordinators. Also funded were stipends for teachers attending training courses and pay for substitute teachers while regular teachers attend substance abuse training. In contrast, districts spent only a small amount of Drug-Free Schools funds on curricula or classroom materials. Of the six districts reviewed, Detroit spent the most on materials. However, the district will need fewer materials in the future, a district official said, and will spend more funds on stipends for teachers attending curricula training.

Although the districts generally appeared to be making progress in implementing their programs, several were unable to reach as many students as they intended. They attributed this to insufficient time to implement programs districtwide since the Drug-Free Schools program started or too few school personnel volunteering to take on the added responsibilities of the drug education programs.

Alcohol Abuse Education Included in School Programs

In all the school districts we reviewed, programs funded by the Drug-Free Schools grant covered alcohol as well as drug abuse. Officials in these districts believe alcohol is a significant problem in our society among both youth and adults. Programs in five of the six districts conveyed the message that use of alcohol is wrong and harmful and alcohol should not be used—a "no use" message. Only Cleveland's program conveyed a "responsible use" message regarding alcohol.

The Cleveland program's implicit message is that abuse of alcohol is wrong and harmful, a program official said. The students are taught that for persons under the legal drinking age, the use of alcohol is illegal. But use of alcohol among adults is legal, our society accepts responsible use, and students frequently experiment with using alcohol. Therefore, the official said, students should be informed of the importance of using it responsibly. Department of Education officials, however, believe that the "responsible use" message is inappropriate for Drug-Free Schools programs because the act specifies that funds be used to teach students that illicit alcohol use is wrong and harmful. They told us they plan to pursue this matter with the Ohio State Education Agency.

In contrast to Cleveland's approach, officials in the other five districts, which teach a "no use" message, called use of alcohol by anyone under the legal drinking age illicit, regardless of social norms. They said that schools should not convey a responsible use message to students for a substance they cannot legally use.

The potential effectiveness of alcohol education appears to be influenced by the social acceptability of alcohol use among adults. Although most students to whom we spoke were in programs with a "no use" message, they had mixed views about the use of alcohol. Most generally agreed with school officials that alcohol is a big problem among students and adults, but most also said alcohol was socially acceptable. Many students had the misconception that alcohol is less harmful than illicit drugs, such as cocaine or marijuana.

Little Known About Drug Education Effectiveness

Little is known about the effectiveness of the various drug education programs or curricula in preventing or reducing drug and alcohol abuse among students. Program evaluations have provided little useful information on what actually reduces student drug or alcohol use. The 1989 amendments to the Drug-Free Schools and Communities Act strengthened requirements for state and local program evaluation. The Department is developing guidance for states and school districts to use in evaluating their drug education programs and plans studies to identify effective programs.

With few exceptions, evaluations of drug abuse education and prevention programs over the past 15 years have been of limited usefulness in determining what works, a review of research shows. Criticisms include flaws in concept and design, evaluations that were premature or relied too much on self-reporting, and lack of proper documentation.

Evaluations that specifically link changes in student drug use to prevention programs are vital for ensuring that programs achieve their desired results. But such studies generally are costly and require a long time to complete. For example, to evaluate the impact on reduced drug use of Project ALERT, a drug education curriculum for seventh and eighth grades, the Rand Corporation performed longitudinal studies. These involved 30 schools, 58 health educators, and 75 teen leaders. The effort, including development of the curriculum, took about 7 years and reportedly cost $8.9 million.

Project ALERT is one of several programs with a social skills component that recent studies have reported as having promise in reducing and preventing drug use. Emphasizing peer resistance and assertiveness training, social skills programs address the pressures young people face from peers, the media, and adults to use drugs and alcohol. The Project ALERT curriculum is designed to help students identify peer pressures, give them facts to counter prodrug arguments, and equip them with a repertoire of drug resistance skills. The Rand Corporation reported that Project ALERT prevented or reduced cigarette and marijuana use among young adolescents in urban, suburban, and rural communities in California and Oregon. While social skills programs have shown initial success, it is not known how effective they will be in the long run.

The social skills model has been less effective in reducing and preventing adolescent use of alcohol, according to research data. The Rand study cites as the reason the prevalence and social acceptance of alcohol, including signals from the media and most adults that directly contradict program messages on alcohol's harmful effects. As long as this is the case, drug education programs are unlikely to realize their potential for curbing adolescent use of this substance, Rand researchers said.

Nor do changes in students' knowledge and attitudes about drugs necessarily result, research suggests, in corresponding changes in drug-related behavior. Further, a single program or approach will not succeed, research and experts in drug education indicate. A comprehensive approach—including parent and community involvement as well as classroom instruction and counseling programs—has been found to be more likely to achieve desired changes.[5] Most of the six districts visited

[5]At the request of the Subcommittee on Select Education of the House Committee on Education and Labor, we are reviewing such programs and will report in 1991.

were attempting or planned to implement more comprehensive prevention programs.

School-level evaluations can be useful in collecting baseline data—through student self-reports of drug and alcohol use, for example—and providing feedback on program implementation. At the six school districts visited, district-level program evaluations have focused on how districts implemented the program or on changes in students' knowledge and attitudes about drugs. However, the difficulty in measuring program impact on student drug use makes it unlikely that school-level evaluations can definitively answer, on a broad scale, what works in drug education. The six districts we visited had not determined their programs' effectiveness in producing changes in student behavior. (See app. III for further discussion of program evaluations.)

Evaluation requirements for states and school districts were changed in the 1989 amendments to the Drug-Free Schools and Communities Act. States, as part of their mandated biennial report to the Department of Education, must include "an evaluation of the effectiveness of State and local drug and alcohol abuse education and prevention programs." Previously, the law required states only to describe any programs that may have been effective. The Department is preparing guidance for states and local school districts to use in evaluating programs. Also, the Department plans two comprehensive studies to identify effective drug education programs and will provide states and school districts with the results.

Students Generally View Programs Positively

Nearly all students we asked about the effectiveness of the drug education instruction they received said it was useful and without it more students would use and sell drugs. However, students also pointed out weaknesses in the drug education programs and suggested ways to improve them. For example, they said that drug education cannot change the easy availability and peer pressure that make drugs and alcohol hard to resist. In all the districts we visited, students told us that the drug education program did not cover the negative aspects of drug selling—a problem they said was as prevalent as drug use. Students suggested, among other things, that drug education programs include after-school social activities to give students alternatives to the temptation of drugs. (See app. IV for a discussion of students' views.)

Guidance, Curricula, and Videos Issued by Department of Education

Overall, state and local education officials were satisfied with the program direction provided by the Department of Education. Its efforts include:

1. Nonregulatory guidelines issued in February 1987 to help state and local educational agencies understand and interpret the law;

2. Drug education and curriculum selection booklets published in 1987 and 1988 and a parent's guide to prevention and a curriculum model, both published in 1990, for use by schools and communities in designing and developing their programs; and

3. A series of 10 drug abuse education and prevention video tapes.

The Department distributed these materials free to the nation's school districts. In addition, Department officials have visited 33 states and the District of Columbia as part of their efforts to monitor program implementation and compliance with legislative requirements.

In the states we visited, state and local program officials generally expressed satisfaction with federal help under the Drug-Free Schools Act. State drug education officials found the Department's published guidelines helpful in implementing programs and said Department officials were available to answer questions. At the school district level, officials generally found the Department's booklets and videos to be available and of good quality.

In July 1990, the Department distributed a curriculum model to all school districts and many private schools. The curriculum, which provides examples of techniques and suggestions for classroom activities for kindergarten through 12th grade, encourages teachers to infuse drug education into core academic subjects. Based on the latest drug education research, the model provides the basics for starting or expanding a drug education program, according to department officials. It includes information about drugs, background for teachers on child growth and development, and sample lesson plans and activities. The model also provides guidance and suggestions on involving parents and the community.

The curriculum has not been tested for its effectiveness in reducing or preventing student abuse of drugs and alcohol, a Department official told us. The reason was that such testing would have delayed distribution to schools for several years. Instead, the Department had experts in

the drug education and prevention field review the curriculum model before it was published.

Observations on Drug-Free Schools Program

Judging from the experience of the six districts reviewed and views expressed by school officials and students alike, Drug-Free Schools funds are making a difference in terms of spreading the antidrug use message. The difficulty comes in trying to measure the extent to which district programs reduce student drug use. Districts and states should be held accountable for conducting the most effective programs possible. Through their own evaluations, school districts can produce systematic information that is useful in managing and improving their programs. However, determining the effectiveness of drug education programs in preventing or reducing student use of drugs and alcohol is a costly, long-term effort. The Department of Education, through scientifically valid effectiveness evaluations, is undertaking this task on a broad scale. It plans to publish information on the kinds of programs that are effective in reducing or preventing drug use.

We discussed the contents of a draft of this report with Department of Education officials and officials of the school districts visited and incorporated their changes where appropriate.

We plan to send copies of this report to the Secretary of Education and other interested parties. Please call me on (202) 275-1793 if you or your staff have any questions. The major contributors to this report are listed in appendix V.

Sincerely yours,

Franklin Frazier

Franklin Frazier
Director, Education and
Employment Issues

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Figure 1: Most Drug-Free Schools Funds Used by Districts for Student Assistance Programs (School Year 1988-89) 4

Abbreviations

ASSP	After School and Summer Program for At-Risk Youth
B.A.B.E.S.	Beginning Alcohol and Addiction Basic Education Studies
CAP	Children Are People
DARE	Drug Abuse Resistance Education
DFS	Drug Free Schools
PACT	Peer Approach to Counseling for Teens
SMART	Self Management and Resistance Training
STAR	Social Taught Awareness and Resistance

Scope and Methodology

To address the questions raised by the Senate Committee on Governmental Affairs regarding programs under the Drug-Free Schools and Communities Act of 1986, we performed work at the largest school district in each of five states (California, Florida, Michigan, Ohio, and Texas) and the District of Columbia. These locations were selected because they were among the top eight states in receipt of Drug-Free Schools funds; provided good geographic coverage, including border states where drugs are more likely to come into the country; and included areas with nationally recognized drug problems.

We visited the six school districts—Los Angeles, Dade County (Miami), Detroit, Cleveland, Houston, and Washington, D.C.—to obtain general background information. We gathered such data as the number and grade levels of schools, the size of the student population, and the amount of Drug-Free Schools funding. In addition, we obtained data on the characteristics of the drug education program, including curriculum used; the nature of the courses in which the Drug-Free Schools program was taught; the amount of funds used for curricula, staff development, and materials; and the extent of focus on alcohol abuse.

To obtain student views on drug education programs, we conducted 36 focus group discussions with students in the six school districts. These groups, ranging from 4 to 10 students each, totaled 284 students (sixth- to ninth-graders) at 18 schools. Students participating in the focus groups were randomly selected. In each district, we selected two schools for review and allowed school district officials to select a third that they considered to be conducting the district's best drug education program. While at the schools, we also discussed the impact of the Drug-Free Schools program with counselors, teachers, and principals.

At the Department of Education, we determined the Department's role in approving and monitoring state and local Drug-Free Schools programs. We also ascertained how it allocates Drug-Free Schools funds to the states and what it does to assess the programs' effectiveness.

To determine what works in drug education, we searched the literature published since 1984. This included materials retrieved from data bases searched by the National Clearinghouse for Alcohol and Drug Information. Among the materials were meta-analyses (where results from different studies are systematically aggregated); evaluations of individual

drug prevention programs; and researchers' observations on drug education (views on specific drug evaluation approaches, problems with evaluating programs, and suggestions for improvements). We conducted our review between September 1989 and May 1990.

Drug Education Programs and Activities in Six Urban School Districts

Overall, the six school districts we visited used about 52 percent of their total Drug-Free Schools funds for student assistance programs. The districts divided the remaining Drug-Free Schools funds about evenly between the other two major drug education approaches—school team training and classroom curricula and materials. Spending for the three approaches varied among the districts we studied. Houston and Dade County, for example, used all of their Drug-Free Schools funds for student assistance programs, while Detroit used none for such programs. (See table II.1.) Districts could not always reach all the students or schools they intended. Districts also used nonfederal funds for drug education programs and activities but could not identify the amounts.

Table II.1: Use of Drug-Free Schools Funds in Six Districts Visited
(School Year 1988-89)

Districts	Student assistance programs	School team training	Classroom curricula and materials	Total
Cleveland	0	$94,364	$97,925	$192,289
Dade County	$769,058	0	0	769,058
Detroit	0	0	527,848	527,848
Houston	528,672	0	0	528,672
Los Angeles	580,064	845,964	226,186	1,652,214
Washington, D.C.	390,825	100,742	170,571	662,138
Totals	**$2,268,619**	**$1,041,070**	**$1,022,530**	**$4,332,219**
Percentage	**52**	**24**	**24**	**100**

Student Assistance Programs

Student assistance programs are generally joint school-community programs that provide students with prevention, intervention, support, and instructional services related to drug and alcohol abuse. Participants in student assistance programs do not necessarily have drug- or alcohol-related problems, but most are considered "high-risk youth." Such programs are emphasized at the junior and senior high school levels.

Students frequently receive services through individual and group counseling sessions. Typically, they volunteer, although they may be referred by teachers, counselors, or parents. In the District of Columbia, programs included after-school and summer instructional, recreational, and peer-helping activities.

Most group counseling is conducted during the school day, primarily by school personnel, including counselors, teachers, and principals. Volunteers from community agencies may assist. These sessions help students

learn about the effects of drugs and alcohol and, perhaps most importantly, give them the opportunity to discuss personal problems and support each other in dealing with drug- and alcohol-related problems.

Such programs provide for a wide variety of group situations in which students can become involved, depending on their personal needs and experience with drugs and alcohol. For example, a junior high school we visited in Los Angeles had established groups called "The Clean Team" for students not using drugs or alcohol. Leaders of these groups concentrated on preventing substance use and abuse by providing information and support to students who may be at risk for future drug abuse. In contrast, a middle school we visited in Houston had groups for students who were using drugs or alcohol. Leaders of these groups concentrated on intervening in students' use by educating them on the harmful effects of drugs and alcohol and providing the support needed to abstain. In the District of Columbia, peer-helping groups were organized and given training in communication skills and self-esteem building. By participating in school assemblies or personally intervening with other students, participants could assist in school drug education efforts.

School Team Training Programs

In training programs, teams of school personnel and community representatives are trained to help schools prevent and reduce drug and alcohol abuse. Team members typically attend 3-7 days of training. During it, they receive information on the harmful effects of drugs and alcohol and learn skills to develop and implement drug education programs tailored to their school's needs. This may include assessing the nature and extent of their school's substance abuse problem, determining the kinds of curricula and other programs that would best address student needs in their school, developing or purchasing appropriate programs, and providing leadership and direction in implementing them.

The Cleveland school district used school team training as the primary approach at the junior and senior high school levels. The Los Angeles school district used it as a stepping-stone to provide initial substance abuse training for school staff. Once they learned to work as a team, school personnel could receive additional training in how to conduct student assistance groups.

Classroom Curricula and Materials

Four of the districts we visited (Cleveland, Detroit, Los Angeles, and District of Columbia) used part or all of their Drug-Free Schools funds to purchase materials and training for curricula and other classroom materials. The approaches taken by classroom curricula on drugs and alcohol abuse vary widely as do the kinds of lessons used to provide classroom instruction.

In Cleveland, the district used some of its Drug-Free Schools funds to purchase Children Are People, a commercially developed chemical abuse prevention program for kindergarten through fifth grade. Over a period of 3 weeks each year, this program directly addresses drug and alcohol abuse in 5 of 30 lessons. Class periods range from 45 to 60 minutes. In the remaining 25 lessons, such topics as self-image, decision-making, and family dynamics are covered.

The Detroit school district used all of its Drug-Free Schools funds to buy the Michigan Model, a state-developed, comprehensive, health education program for grades one-eight and train teachers in its use. This program devotes 1 of its 10 major segments to instruction on substance use and abuse over a 2-week period each year. Other segments include safety and first aid, nutrition, personal health practices, and growth and development.

A portion of the Los Angeles school district's Drug-Free Schools funds went to purchase Second Step, a commercially developed violence prevention curriculum for the elementary school level. The program does not specifically mention drugs or alcohol, but covers empathy training, impulse control, and anger management. This violence prevention curriculum was chosen largely for its strong emphasis on decision-making and problem-solving and because it complements the educational strategies used in other district drug prevention programs, a district official told us. A Department of Education official believed this to be an inappropriate use of federal drug education funds. Program officials told us that the Department has referred this matter for resolution to its Office of General Counsel.

The District of Columbia spent part of its Drug-Free Schools funds to purchase classroom materials such as pamphlets and video tapes on drugs and alcohol for all grade levels. The materials supplemented drug education provided through nonfederal funds.

Not All Schools or Students in a District Reached

While districts have made progress in implementing Drug-Free Schools programs during the 3 school years that funds have been available to them, most district programs have not reached all students the programs were set up to serve. In some cases, programs were not implemented in all schools or in all classrooms within schools. Sometimes, one or more grade levels for which the program was intended were not covered districtwide. In five of the six districts (Cleveland, Dade County, Detroit, Los Angeles, and Washington, D.C.) we reviewed, program implementation and student coverage had not yet met district goals for the programs.

These gaps in coverage occur for two primary reasons, according to district officials:

1. The Drug-Free Schools program is relatively new, and some school districts have not had time to fully implement their programs.

2. Many curricular programs require specialized training for teachers. This training is often voluntary and provided outside the regular school day, making it difficult to obtain enough volunteers.

The Detroit school district exemplifies these gaps in coverage. Its goal is to provide the Michigan Model to all students in kindergarten through the eighth grade. But due to a lack of trained teachers, its implementation in school year 1989-90 was limited to kindergarten through the eighth grade in about half of the district's schools. At the three Detroit middle schools we visited, students in only one grade received drug education because only the teachers in that grade had been trained. Detroit reported that, overall, only 20,254 (11 percent) of its 176,861 students received instruction in the Michigan Model.

In Cleveland, the school district had 549 teachers trained in the Children Are People curriculum program, enough to cover fewer than half (17,370 students) of the district's 37,070 kindergarten through fifth-grade students.

Officials from the Dade County (Miami) school district told us the district intends to implement, but has not yet begun, a student assistance program in 13 of its 24 high schools. Similarly, the Los Angeles district had reached only the first through third grades with its elementary-level curriculum package. It planned to add the fourth through sixth grades as soon as an ongoing pilot test was completed.

Nonfederal Funds Also Used for Drug Education

Besides the Drug-Free School programs, the six school districts conducted various other drug education programs with funds from nonfederal sources. Typically, classroom instruction programs were provided at various grade levels and varied from school district to school district. They included commercially developed, district-developed, and state-developed programs. The programs included, for example, Drug Abuse Resistance Education (DARE), Self Management and Resistance Training (SMART), and Beginning Alcohol and Addiction Basic Education Studies (B.A.B.E.S.). Some programs were included in the health curriculum; others were taught in science, home economics, and family life education classes. Generally, the curricula covered a wide range of topics, including self-awareness, communication, positive alternatives, decision-making, and drug information.

Some districts also conducted such drug education activities as school assemblies and visits by guest speakers. Other activities included "Just Say No" clubs, special programs for athletes, and joint school-community sponsored projects.

Brief Descriptions of Drug Education Programs

The following brief descriptions of drug education programs in the six school districts we visited include both programs funded under the Drug Free Schools and Communities Act and those funded through nonfederal sources. For a compilation of the programs by grade level and district, see table II.2.

Student Assistance Programs

After School and Summer Program for High Risk Youth—A counseling program where students are provided with special learning activities and taught communication skills, self-esteem, drug education, values, and conflict resolution. Students are groomed to set positive examples for the student body.

Children Are People Support Groups—Support groups for elementary students who live in drug abuse environments.

Drug Free Schools Counselor Program—A counseling support system addressing drug prevention and intervention. In addition to counseling students, counselors refer students to drug treatment centers, conduct workshops for parents and school faculties, make presentations to community groups, provide support for students returning from drug treatment, and distribute drug education materials.

IMPACT II—Mandatory and voluntary support groups for students experiencing negative consequences of chemical use, whether their own or that of a close friend or family member.

On Site Prevention Program (pilot program)—A program using social workers/counselors, staff, and interns to work with high-risk elementary school children and their parents. It emphasizes substance abuse prevention, gang deterrence, self-esteem/social skills enhancement, and individual and family crisis intervention and follow-up.

TRUST—A junior high and high school program that focuses on intervention with students at risk for drug abuse. TRUST specialists counsel individual students and their families and run intervention and prevention counseling groups.

School Team Training Programs

IMPACT I—Formal training of a core team (teachers, administrators, nurses, and counselors) in chemical use and abuse concepts. These include signs and symptoms, denial, family dynamics, intervention process, dynamics of personal and family recovery, and school policies and procedures. Training prepares the core team to develop a prevention and intervention program in the school and community.

On Tasc—A program that trains school-based teams to analyze the school and/or community and design new drug and alcohol prevention or intervention programs or to modify those already in place.

School Prevention/Intervention Coordinators—Leadership and school team training provided to school/community teams by school coordinators. They also assist teams in conducting needs assessments and action plans for drug education and prevention programs.

Classroom Curriculum Programs

Beginning Alcohol and Addiction Basic Education Studies (B.A.B.E.S.)—Seven 1-hour lessons that help children develop positive living skills while giving them accurate, nonjudgmental information on the use and abuse of drugs and alcohol.

Children Are People (CAP)—Fifteen self-contained lessons per grade level (kindergarten-fifth) introduced within the classroom. The program introduces concepts and/or learning experiences designed to assist students in gaining an understanding of the physiological, psychological, and social implications of chemical abuse.

Choices—A ninth-grade, classroom-based program taught weekly for 9 weeks. It provides factual information about drugs and helps students analyze life alternatives.

Drug Abuse Resistance Education (DARE)—A 17-week curriculum taught by uniformed police officers. It aims to equip youth with the skills to resist peer pressure to experiment with and use harmful drugs.

Drug-Free Tomorrows—A Houston-developed curriculum consisting of 23 lessons to be used by teachers and/or counselors and 6 lessons by police officers to use in schools. The program objectives include equipping students with social competencies for coping with interpersonal and intrapersonal pressures to begin using drugs, enhancing students' self-awareness and self-esteem, and increasing students' knowledge of the harmful consequences of chemical use.

Drugs, Decisions, and Dilemmas—A curriculum that includes the following prevention strategies: developing a positive classroom climate, teaching communication skills, teaching peer refusal skills, providing accurate drug information, investigating alternatives, and teaching about chemical dependence and its effects on young people.

Here's Looking at You 2000—A curriculum that aims to reduce risk factors leading to substance abuse by providing information, fostering development of social skills, and encouraging the bonding of school and family, while promoting a clear "no use" message. The information component focuses on "gateway drugs" (nicotine, alcohol, and marijuana) and the social skills component on making friends and staying out of trouble.

McGruff—A program presented to students once a week for 32 weeks. The lessons cover drug prevention and a child protection program that teaches children to say "no" to abusers, "no" to crime, and "no" to drugs, and how to protect themselves.

Me-ology—Seventeen hours of classroom instruction provided to sixth-grade students with the goal of preventing health problems. Students are taught to reject peer pressure and practice choosing actions that conform to personal beliefs after considering alternative choices.

Ombudsman—A 30-hour, semester-long course containing phases in self-awareness, life skills, and class activities and projects. The program

enhances self-esteem and teaches social skills such as communication, problem-solving, decision-making, and refusal skills.

Peer Approach to Counseling for Teens (PACT)—Classroom-based program that focuses on giving students strong doses of self-esteem and techniques for asserting themselves so they will "say no" to destructive behaviors. Sessions are designed to impact the alcohol/drug problem.

Project Charlie—A program presented to students once a week for the full academic year. It is based on concepts of building self-esteem, teaching social competencies, and discouraging use of drugs, and aims to establish a partnership between school and family to teach children vital living skills.

QUEST—Two programs: Skills for Growing, for children in kindergarten-fifth grade, and Skills for Adolescence, for grades six-eight. Both programs teach resistance to negative peer pressure, self-confidence, goal-setting, decision-making, strengthening family relationships, and communication skills.

Second Step—Elementary school program designed to teach social skills, build self-esteem, and reduce impulsive behavior. The three basic units are empathy, impulse control, and anger management.

Self Management and Resistance Training (SMART)—A 12-week program taught by a police officer and a classroom teacher. Similar to DARE, SMART equips children with the skills to resist peer pressure.

Social Taught Awareness and Resistance (STAR)-A 13-lesson sequence that encourages students to think about the consequences of drug use and teaches methods to resist peer pressure to begin using drugs.

Substance Abuse Prevention Activities—A collection of classroom activities to use in making children aware of the dangers of substance abuse early enough in life that growth and development are not hindered.

Teenage Health Teaching Modules—A 10th-grade health curriculum consisting of 10 modules, including one on smoking, drinking, and drugs. Other modules address topics such as violence prevention, handling stress, and preventing AIDS.

TRUST—An elementary school program that addresses topics such as the effects of drugs, children of chemical dependent adults, self-awareness, decision-making, and positive alternatives.

The Michigan Model—A comprehensive school health program that is broken into the following 10 basic topics: disease prevention, personal health practices, nutrition education, growth and development, family health, emotional and mental health, substance use and abuse, consumer health, safety and first aid education, and community health.

You-nique—A health education program designed for children in kindergarten through the fifth grade. The program consists of lessons promoting a good self-concept, developing decision-making skills, and fostering awareness of substance abuse.

Table II.2: School-Based Drug Education Programs in Six School Districts Reviewed (School Year 1988-89)

Type of program/ level	Program, by location					
	Cleveland	Dade County	Detroit	Houston	Los Angeles	D.C.
Student assistance						
Elementary	**Children Are People (CAP)**	—	—	**Drug Free Schools (DFS) counselor program**	**On Site Prevention** (pilot program)	**After School and Summer Program for At-Risk Youth (ASSP)**
Junior high	—	**TRUST**	—	**DFS counselor program**	**Impact II**	**ASSP**
Senior high	—	**TRUST**	—	**DFS counselor program**	**Impact II**	**ASSP**
School team training						
Elementary	**On Tasc**	—	—	—	—	—
Junior high	**On Tasc**	—	—	—	**Impact I**	**School Prevention/ Intervention Coordinators**
Senior high	**On Tasc**	—	—	—	**Impact I**	—
Classroom curriculum						
Elementary	**CAP**[c] **Me-ology**[c] Health classes Beginning Alcohol and Addiction Basic Education Studies (B.A.B.E.S.)[c] Drug Abuse Resistance Education (DARE)[o]	TRUST[d] DARE[o]	**Michigan Model**[s] Health classes B.A.B.E.S.[c] DARE[o] QUEST[c]	Health classes DARE[o] Here's Looking at You 2000[c] McGruff[c] Me-ology[c] Project Charlie[c] Substance Abuse Prevention Activities[c] You-Nique[c]	**Second Step**[c] DARE[d] SMART[o]	Science classes McGruff[c] Ombudsman[c]
Junior high	**Peer Approach to Counseling for Teens (PACT)**[o] Health classes	Science classes	**Michigan Model**[s] Health classes QUEST[c]	Health and science classes Drug-Free Tomorrows[d]	Health classes DARE[d]	Health and related classes STAR[o] QUEST[c]
Senior high	**Choices**[c] **PACT**[o] Health classes	Health classes	Teenage Health Teaching Modules Health classes Drug Decisions and Dilemmas[c]	Health classes Drug-Free Tomorrows[d]	Health classes DARE[d]	Health, science, and related classes QUEST[c]

Note: Bolded entries indicate programs funded by the Drug-Free Schools Program.

[c]Commercially developed.

[d]District-developed.

[s]State-developed.

[o]Other source.

Drug Education Program Evaluations

The 1989 amendments to the Drug-Free Schools and Communities Act require evaluation of the effectiveness of state and local drug education and prevention programs. To help the state and local education agencies determine what works in drug education, the Department has planned two studies to identify effective drug education programs. It also is developing guidance for states and districts to use in conducting effectiveness evaluations. At the school districts we visited, drug education evaluations to date have focused on how programs were implemented or the extent to which students' knowledge and attitudes about drugs changed.

Evaluation Requirements Changed by 1989 Law

Evaluation requirements for states and localities were changed in the 1989 amendments to the Drug-Free Schools and Communities Act. States, as part of their mandated biennial report to the Department of Education, must include "an evaluation of the effectiveness of State and local drug and alcohol abuse education and prevention programs." Previously, the law required states only to describe any programs that may have been effective.

Also, districts must submit to the state education agencies annual reports that include the methods used to evaluate program effectiveness and the results of such evaluations. Previously, districts were required only to submit a progress report on their first 2 years of program implementation, including significant accomplishments and the extent to which the program's objectives were met.

District Plans for Evaluations Unchanged

While these changes strengthen the evaluation requirements, they stop short of specifying how states and school districts should measure program effectiveness. To help states and localities comply with the new evaluation requirements, the Department is developing a handbook to assist them in designing and conducting program effectiveness evaluations. The draft of the guidebook outline suggests several options for measuring effectiveness. These range from tracking participant characteristics and program activities to conducting controlled impact studies to measure behavioral change. According to the Department of Education, measuring reduction in drug use as a result of the program will be extremely difficult and costly for the states and districts. States are likely to measure reduced student drug use through readily available data on indicators of use, such as the number of drug-related arrests, referrals, or school suspensions, a Department official said.

The state and local education agencies included in our review generally plan to continue to use the same data as in the past to evaluate their programs, agency representatives told us. These data include the number of students involved in the program and students' and teachers' opinions about program success.

Effective Programs Studied

In its effort to evaluate drug education programs, the Department of Education has one study underway and another planned to identify effective programs. In September 1989, the Department awarded a 30-month, $1 million contract to gather and disseminate information on programs that the Department identified as successful. The Department defined successful programs as those that included such factors as a needs assessment, school drug policy, staff development, a drug prevention curriculum with a no-use message, and student, parent, and community involvement.

However, the successful programs may not have available the information needed to measure program effectiveness in reducing substance abuse. For example, some school programs in the study may lack randomly assigned control and treatment groups. This makes it more difficult to reach conclusions about whether changes in behavior were caused by the program. Also, if schools have not already collected baseline data on student drug use, it will be difficult for any program to show definitively the relationship between prevention programs and outcomes. At the time of our review, the study design was incomplete.

In September 1990, the Department also began a $2.9 million longitudinal study of the extent to which school and community programs have been effective in reducing or preventing alcohol and drug use by school-aged youth. The results of this effort will not be available until late 1995 at the earliest.

Programs Evaluated in Four Districts Visited

Of the six school districts we visited, four had conducted evaluations. Two used independent contractors to perform them, and two used their internal research groups. These evaluations were limited to determining whether the programs were implemented according to local plans. For example, Dade County's evaluation for the 1988-89 school year focused on whether program objectives were met and participant attitudes toward the program. To show that the program met its goals, the evaluation report cited several factors:

- Statistics, such as the numbers of students included in classroom and counseling programs and referred to community treatment resources, and the number of drug-related workshops school personnel attended, and
- Favorable program perceptions of students, teachers, counselors, and principals.

The other three districts' evaluations were similar.

Student Views on Effectiveness of Drug Education Programs

Nearly all of the 284 students (sixth- through ninth-graders) who participated in focus groups at the 18 schools we visited considered their drug education programs useful. Without the programs, they said, more students would be using and selling drugs. Our focus groups explored student perceptions of two types of programs: drug counseling for students who are especially at risk for substance abuse and classroom drug education targeted to all students.

The main reasons students gave as to why drug counseling programs work were as follows:

- Counseling group leaders are credible, caring adults who share information about drug and alcohol use based on their own experience with drug users.
- Information shared in group discussions and individual meetings with the counselor is confidential.
- Peer support is provided by the group, and students have the opportunity to make friends who are non-drug users.
- Techniques for resisting peer pressure to use drugs and alcohol are provided.
- Students have someone to talk to, which is especially important for students whose parents are alcoholics or drug users.

In general, students viewed their drug counseling and other school drug education programs as effective if the programs provided credible information about the consequences of using drugs and alcohol. While making a number of positive comments, students also cited limitations on program effectiveness, including these:

- Not all students want to stop using drugs, so they ignore help offered by the programs.
- Some students are addicted and require more intensive treatment to stop.
- Peer pressure and easy substance availability make drugs and alcohol hard to resist.
- In Detroit, drug selling is more prevalent than trying or using drugs, students there said. Students considered lack of coverage of the negative aspects of drug selling in Detroit's program an especially important limitation. This limitation was noted in the other districts as well.
- Students (in Washington, D.C.) have access to a variety of pamphlets purchased with Drug-Free Schools funds. Yet, students said that they generally do not read them because no new or interesting information is presented.

In Los Angeles, where student discussion groups may be conducted by teachers (rather than trained counselors), students voiced concerns about discussing in the classroom personal information on drugs and alcohol with someone responsible for grading and disciplining them. They also were concerned that teachers would not maintain confidentiality, while students did not seem to have this concern about counselors who were not also teachers.

Students offered suggestions on ways in which both drug counseling and drug education programs could be improved:

- Increase the number of drug counselors, but make sure they are credible, supportive, and trustworthy.
- Increase the number of after-school social activities to give students alternatives to the temptation of drugs.
- Use more guest speakers who have firsthand knowledge of the effects of substance abuse, including police officers and doctors.
- Increase parent involvement in the schools' drug education efforts.
- Use scare tactics as an effective means to demonstrate what can happen if you use drugs.[1]
- Provide drug education more frequently, such as "every 2 weeks" or "every day for 5 minutes."

[1]Research has generally shown that scare tactics are not effective in reducing student drug use.

Appendix V

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